

PTO/SB/17 (12-04)

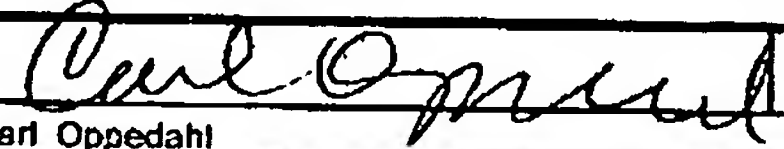
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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>	
Effective on 12/8/04. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/710,925
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	8/12/2004
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Oppedahl et al.
50.00		Examiner Name	
		Art Unit	2176
		Attorney Docket No.	O&L.P-005-2

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 15-0610 Deposit Account Name: Oppedahl & Larson LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR 1.16 and 1.17	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	??
Design	200	100	100	50	130	65	??
Plant	200	100	300	150	160	80	??
Reissue	300	150	500	250	600	300	??
Provisional	200	100	0	0	0	0	??
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity</b>
							<b>Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							25
Multiple dependent claims							100
Total Claims							360
Extra Claims							180
Fee (\$)							50.00
Fee Paid (\$)							50.00
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
0		0	0		250.00	0.00	
(round up to a whole number) x							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other:							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32746
Name (Print/Type)	Carl Oppedahl	Telephone	
		Date	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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